## EDUCATION EVALUATION FORM (Required Fields are in RED)

This request cannot be processed without proof of degree. Please attach a copy of the diploma(s) or transcripts to this form and submit it to HR-WDA at MS M983.

Employee Z N	Number:							
Employee Na	me:							
Determinatio	n of Eva	luation Educ	cation Lev	el *** (for sa	lary	administration purposes)		
	<u> </u>		valuation n Code	Year of BS	YF	R of BS Degree Date (determined by manager and HR)***	· ·	
(SMRC)			_			by Staff Member Review Commit	tee	
same as the D	Degree Da on of Eval	te). uation Educatio	_	•	,	f Degree Date is artificial, Year of BS will story differ, approvals are required as list		
Justificatio	n							
Actual Educa	tion His	tory: (list mos	st current deg	ree first)				
Degree	egree Degree Date		ate Actua			Name of School		
							-	
HR Rep Name	e and Ph	one #:					_	
			*****	******	****	*******		
Signatures	(if applicat	oie).						
Employee		Date						
Group Leader		Date						
						WDA	_	

(Revised 06/23/03)